

PO Box 869

Riverhead, NY 11901

Vendor Application

Non-Food Products ONLY

Contact Name:		
Booth/Company Name:		
Address:		
City, State, Zip:		
Phone: ()	Fax: ()	
Email:	Sales Tax or Resale #:	
Website/Facebook:		
Include a description of all items you wish to	o sell: (Attach extra sheet if necessary, slides, promotional ma	aterials, etc.) :
	Check the Following:	
	10'x10' Booth: \$100	
	10'X20' Booth: \$175	
	\$	Total Payment Included
Include your check for the full amount or you of refusal, all monies will be returned.	our application will be refused. You will be notified of approval	within 2 weeks. In the event
Town of Riverhead, and I release Riverhead volunteers and the Town of Riverhead from	by Riverhead Townscape Inc., The Blues by the River Festival Townscape Inc. and its directors, The Blues by the River February and responsibility for any loss, theft, damage, or because the right to refuse any application and will fully refuse.	estival, its organizers and odily injury, before, during or
Signature:	Date:	
Print Name:		
Make check payable to: Riverhead Townscape Inc.		
Mail to: Riverhead Townscape Inc. Blues by the River		

Riverhead Townscape - PO BOX 869 Riverhead NY 11901 Release of Liability

I voluntarily assume full responsibility for any & All risks or loss, property damage, or personal injury, including death that may be sustained by me, or loss and or damage to property owned by me, as a result of participation in the Blues by the River on Saturday, September 9, 2023.

I hereby release, waive, discharge and covenant not to sue, Blues by the River, Riverhead Townscape Inc, their officers, servants, agents and employees and volunteers (hereinafter referred to as RELEASEES) from any and all liability claims, demands, actions and cause of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while participating in the event on above said date or while on the premises where the event is being conducted.

It is my expressed intent that this release and hold harmless agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVE, DISCHARGE and CONVENTION TO SUE the above named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be constructed in accordance with the laws of the State of New York.

In signing this release, I acknowledge and represent that I have read the forgoing Waiver of Liability and Hold Harmless Agreement, UNDERSTAND IT AND SIGN IT VOLUNTARILY as my own free act and deed; no oral representations, statements or Inducements, apart from the foregoing written agreements have been made; and I EXECUTE THIS RELEASE FOR FULL, ADEQUATE AND COMPLETE CONDISERATION FULLY INTENDING TO BE BOUND BY SAME.

I HAVE READ AND DO UNDERSTAND THE FOREGOING AGREEMENT, WARNINGS, RELEASE OF LIABILITY, INDEMNITY AND ASSUMPTION OF ALL RISK.

			_ DATE:
Participant's Signature			
Name (Print)			
Address			
City	State	Zip	Email